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<b>TD</b> 4 1 1 4 1 2 1 2	A I	Application Number 09/625,812					
TRANSMITT	AL	Filing Date	July 26,2000				
FORM		First Named Inventor	Timothy J. VAN HOOK				
		Art Unit	2628				
(to be used for all correspondence a	after initial filing)	Examiner Name	Joni HSU				
Total Number of Pages in This Submission		Attorney Docket Numb	per 7046-13				
	ENCLO	SURES (check all that ap	pply)				
Fee Transmittal Form	☐ Drawing(	s)	After Allowance Communication to TC				
Fee Attached	Licensing	-related Papers	Appeal Communication to Board				
Amendment / Reply	Petition		of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final		o Convert to a al Application	Proprietary Information				
Affidavits/declaration(s)		Attorney, Revocation of Correspondence Address	Status Letter				
	Terminal	Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Reques	st   =	for Refund ber of CD(s)					
Information Disclosure Stateme	<u> </u>	ndscape Table on CD					
Certified Copy of Priority Document(s)	Remarks						
Reply to Missing Parts/ Incomplete Application			•				
Reply to Missing Parts under 37 CFR1.52 or 1.53							
9	SIGNATURE OF	APPLICANT, ATTORNE	EY, OR AGENT				
Firm	2 1						
Signature	4/						
Printed Name	J.D. HARRIMA	N <sub>II</sub>					
Date /	September 22,	2006 Re No	- I 31 9b/				
	CERTIFICA	TE OF TRANSMISSION	/MAILING				
	s first class mail	in an envelope addressed	ISPTO or deposited with the United States Postal to: Commissioner for Patents, P.O. Box 1450,				
Signature	-	-					
Typed or printed name			. Date				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known							
				Application Number 09/625,812							
FEE TRANSMITTAL for FY 2005			Filing	Date	July 26, 2000						
			First I	Named Inventor	Timothy J. VAN HOOK						
☐ Applicant claims small entity status. See 37 CFR 1.27			Exam	iner Name	Joni HSU						
TOTAL AMOUNT OF PAYMENT			Art Ur	t 2628							
		(\$) 1,020.00	Attorr	ney Docket No.	Docket No. 7046-13						
METHOD OF PAYMENT (check all that apply)											
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :											
Deposit Account Deposit Account Number: 502811 Deposit Account Name: Brown Raysman, et al.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
Under 37 CF WARNING: Information on this f			l informat	ion should not b	a included on this form	Provide ero	dit card				
information and authorization o			, anoma		e moluueu on una iomi.	. TO VIDE CIEC	nit valu				
FEE CALCULATION							<u> </u>				
1. BASIC FILING, SEAR							+ 44 a # 1.24				
<b>!</b>	FILING		SEARCH		EXAMINATIO		1				
Application Type I	Fee (\$)	<u>Small Entity</u> ) <u>Fee(\$)</u> F	Fee(\$)	Small Entit Fee(\$)	<del></del>	II Entity e(\$)	Fees Paid (\$)				
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		100	U	O	U	-	Cmall Entity				
2. EXCESS CLAIM FEES  Small Entity  Foo (t)											
Fee Description Each claim over 20 (including Reissues)  Fee (\$) 50 25											
							100				
Multiple dependent claims						360	180				
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee(\$)</u>				<u>e Paid (\$)</u>		Multiple [	Dependent Claims				
-20 or HP=		x	= _			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
HP = highest number of tota			_								
Indep. Claims	Extra	Claims Fee(\$)	Fe	<u>e Paid (\$)</u>							
3 or HP=		X	<u> </u>								
<u> </u>	•	nt claims paid for, if greater tha	n 3.								
3. APPLICATION SIZE FI		viceed IMA sheets of namer	(evcludi	na electronicall	ly filed sequence or co	mnuter					
		2(e)), the application size i					50				
		See 35 U.S.C. 41(a)(1)(G)									
<u>Total Sheets</u> <u>E</u>	extra S					Fee (\$)	Fee Paid (\$)				
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4. OTHER FEE(S)							Fees Paid (\$)				
Non-English Specif	fication	, \$130 fee (no small entity	discoun	t)							
Other (e.g., late filing surcharge): Three-month extension of time \$1,020.00											
417											
SUBMITTED BY	11					,7 /					
Signature		// /		Registration No. (Attorney/Agent)	31,967	Telephone	310-712-8327				
Name (Print/Type) J.D.Har	riman II/					Date	09/22/2006				
This collection of information is required by	y 37 CFR	1.136. The information is required	to obtain or	retain a benefit by th	ne public which is to file (and by	the USPTO to	process) an application.				

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